South Carolina Department of Health and Human Services
Medicaid Third Party Liability--Data Collection Form

Reset

Primary Individual:				
	First	MI	Last	Household Number
County of Residence Code:		Telephone Number: ( )		

PART I (Policy Information)

☐ New	☐ Re-open	Application Date:

Policy #1	Policy #2
Policy Holder:	Policy Holder:
Insurance Company:	Insurance Company:
Policy Number:	Policy Number:
Group Number:	Group Number:
Social Security Number:	Social Security Number:
Verification attached ☐ Yes ☐ No	Verification attached ☐ Yes ☐ No

Covered Medicaid Beneficiaries ***(Indicate Whether Covered by Policy #1 and/or Policy#2)***

Beneficiary's Name	Medicaid ID Number	Relationship to Policy Holder	Covered Under	
			Policy #1	Policy #2
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

PART II Change(s)

Policy #1	Policy #2
☐ Beneficiary has never been covered by the policy-close insurance.	☐ Beneficiary has never been covered by the policy-close insurance.
☐ Policy is in Force	☐ Policy is in Force
☐ Policy Will Lapse On:	☐ Policy Will Lapse On:
☐ Policy Lapsed On:	☐ Policy Lapsed On:
Is a COBRA Benefit Available? ☐ Yes ☐ No	Is a COBRA Benefit Available? ☐ Yes ☐ No

Remarks

Eligibility Worker	Telephone Number	Date

INSTRUCTIONS FOR DHHS FORM 3230 ME

Information regarding health insurance coverage is collected and documented by completing the DHHS Form 3230 ME, Medicaid Third Party Liability Data Collection Form, during the initial eligibility and the re-determination process.

Medicaid eligibility must be established in the MEDS system before the form is forwarded to the Division of Third Party Liability (TPL).

All identifying information (names, addresses, ID numbers, etc.) must be completed. A separate DHHS Form 3230 ME must be completed if there are more than two policies.

The completed DHHS Form 3230 ME, copies of health insurance cards (front and back) if available and all policies must be sent to Medical Insurance Verification Services (MIVS). Copies must be filed in the case record.